| 3                                                                       |                                                                                                                                                                                 |                                           | 710/073599      |                |                                                                                                        |                  |                |                              |                        |          |                    |                         |  |  |  |  |
|-------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|-----------------|----------------|--------------------------------------------------------------------------------------------------------|------------------|----------------|------------------------------|------------------------|----------|--------------------|-------------------------|--|--|--|--|
|                                                                         |                                                                                                                                                                                 |                                           |                 |                |                                                                                                        |                  |                | Application or Docket Number |                        |          |                    |                         |  |  |  |  |
| PATENT APPLICATION FEE DETERMINATION RECOR<br>Effective October 1, 2001 |                                                                                                                                                                                 |                                           |                 |                |                                                                                                        |                  | <b>TD</b>      | 02078/LH                     |                        |          |                    |                         |  |  |  |  |
|                                                                         |                                                                                                                                                                                 | CLAIMS AS                                 | SIL             |                |                                                                                                        | OR               | OTHER<br>SMALL |                              |                        |          |                    |                         |  |  |  |  |
| TOTAL CLAIMS                                                            |                                                                                                                                                                                 |                                           | 19              |                |                                                                                                        |                  | R              | ATE                          | FEE                    |          | RATE               | FEE                     |  |  |  |  |
| FOR                                                                     |                                                                                                                                                                                 |                                           | NUMBER FILED    |                | MUMBER EXTRA                                                                                           |                  | 344            | IC FEE                       | 370.00                 | OR       | BARIC FEE          | 740.00                  |  |  |  |  |
| TOTAL CHARGEABLE CLAIMS                                                 |                                                                                                                                                                                 |                                           | 9 minus 20=     |                | - 0                                                                                                    |                  | ×              | 9-                           |                        | OЯ       | <b>X\$18=</b>      |                         |  |  |  |  |
| INDEPENDENT CLAIMS                                                      |                                                                                                                                                                                 |                                           | C) min          | NS 3 =         |                                                                                                        |                  | ×              | X42-                         |                        | OR       | X84=               | 84                      |  |  |  |  |
| MULTIPLE DEPENDENT CLAIM P                                              |                                                                                                                                                                                 |                                           | RESENT          |                |                                                                                                        |                  |                | 40-                          |                        |          | +290=              |                         |  |  |  |  |
| * If the difference in column 1 is less than zero, enter "O" in co      |                                                                                                                                                                                 |                                           |                 |                |                                                                                                        | okmn 2           |                | _                            |                        | OR<br>OR | TOTAL              | 824                     |  |  |  |  |
| ON AGUE AC AMENBED, DADY II                                             |                                                                                                                                                                                 |                                           |                 |                |                                                                                                        |                  |                |                              |                        |          |                    | 4                       |  |  |  |  |
| 1                                                                       | // 1 /0/6 (Column 1) (Column 2) (Column 3                                                                                                                                       |                                           |                 |                |                                                                                                        |                  |                | ML                           | ENTITY                 | OR       | SMALL              |                         |  |  |  |  |
| NJEKOWENTA.                                                             |                                                                                                                                                                                 | CLAMAS<br>REMARKING<br>AFTER<br>AMENDMENT |                 | PREVI          | HEST<br>IBER<br>OUSLY<br>FOR                                                                           | PRESENT<br>EXTRA | R              | ATE                          | ADOT<br>TIONAL<br>FEE  |          | RATE               | ADOI-<br>TIONAL<br>FEE  |  |  |  |  |
|                                                                         | Total                                                                                                                                                                           | . 17                                      | Minus           | - 7            | TO .                                                                                                   | • _              | ×              | ; <b>9</b> =                 |                        | OR       | X\$18=             |                         |  |  |  |  |
|                                                                         | Independent                                                                                                                                                                     | • 4                                       | Mirrus          | - 1            | <u>/</u>                                                                                               | •/-              | ×              | 12-                          |                        | OR       | X84=               |                         |  |  |  |  |
| PIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM                          |                                                                                                                                                                                 |                                           |                 |                |                                                                                                        |                  |                | 40=                          |                        | OR       | +280÷              |                         |  |  |  |  |
| 1-18-07                                                                 |                                                                                                                                                                                 |                                           |                 |                |                                                                                                        |                  | A00            | IOIAL<br>L FEE               |                        | OЯ       | ADDIT, FEE         |                         |  |  |  |  |
| /                                                                       | (Column 1) (Column 2) (Column 3                                                                                                                                                 |                                           |                 |                |                                                                                                        |                  |                |                              |                        |          |                    |                         |  |  |  |  |
| ENDMENT 8                                                               |                                                                                                                                                                                 | CLAMIS<br>REMAINING<br>AFTER<br>AMENDMENT |                 | PREVI          | HEBT<br>ABER<br>IOUSLY<br>O FOR                                                                        | PRESENT<br>EXTRA | R              | ATE                          | ADDI-<br>TIONAL<br>FEE |          | RATE               | ADDI-<br>TIONAL<br>FEE: |  |  |  |  |
| \$                                                                      | Total                                                                                                                                                                           | .17                                       | Minus           | - )            | ገ .                                                                                                    | •                | ×              | 8-                           |                        | OR       | X\$18=             |                         |  |  |  |  |
|                                                                         | Independent                                                                                                                                                                     | • 4                                       | Minus           | <b></b> 1      | 4                                                                                                      | •                | ×              | 42-                          |                        | OR       | X84=               |                         |  |  |  |  |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM                          |                                                                                                                                                                                 |                                           |                 |                |                                                                                                        |                  | +1             | 40-                          |                        | ОЯ       | +280=              | ·                       |  |  |  |  |
|                                                                         |                                                                                                                                                                                 |                                           |                 |                |                                                                                                        |                  |                | TOTAL<br>IL PEE              |                        | OR       | ADOIT, FEE         |                         |  |  |  |  |
| (Column 1) (Column 2) (Column 3)                                        |                                                                                                                                                                                 |                                           |                 |                |                                                                                                        |                  |                |                              |                        |          |                    |                         |  |  |  |  |
| ENDACENT C                                                              |                                                                                                                                                                                 | CLAIMS<br>REMADING<br>AFTER<br>AMENDMENT  |                 | NUA<br>PREV    | HEST<br>MBER<br>NOUSLY<br>D FOR                                                                        | PRESENT<br>EXTRA | R              | ATE                          | ADDI-<br>TIONAL<br>FEE |          | RATE               | ADOH<br>TIONAL<br>FEE   |  |  |  |  |
| ğ                                                                       | Total                                                                                                                                                                           | • :                                       | Minus           | -              |                                                                                                        | -                | ×              | 9-                           |                        | OR       | X\$18=             |                         |  |  |  |  |
|                                                                         | Independent                                                                                                                                                                     | ·                                         | Minus           | ***            |                                                                                                        | F                | ×              | 12-                          |                        | OR       | X84=               | 1                       |  |  |  |  |
| Ľ                                                                       | PIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM                                                                                                                                  |                                           |                 |                |                                                                                                        |                  |                | 40-                          |                        | OR       | +290=              |                         |  |  |  |  |
| •                                                                       | * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  " If the "Righest Number Proviously Paid For" DI THUS SPACE is less than 20, enter "20." |                                           |                 |                |                                                                                                        |                  |                |                              |                        | ОЯ       | TOTAL<br>ADDIT FEE |                         |  |  |  |  |
| -                                                                       | If the Tilohad No                                                                                                                                                               | ocher Presidenty F                        | wid For' IN THE | <b>B SPACE</b> | "If the "Righest Number Previously Publish for" IN THIS SPRICE is lace than 20, "and" "20." ADDIT, FEE |                  |                |                              |                        |          |                    |                         |  |  |  |  |

ORM PTO 426 (Fire \$61)